

South Carolina  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Post Office Box 8206  
Columbia, South Carolina 29202-8206  
[www.dhhs.state.sc.us](http://www.dhhs.state.sc.us)

January 26, 2006

## **MEDICAID BULLETIN**

<i>HMO</i>	<i>06-02</i>
<i>PHY-ER</i>	<i>06-02</i>
<i>PHY-OPHT</i>	<i>06-01</i>
<i>PHY-PS</i>	<i>06-01</i>
<i>PHY-PC-NEO</i>	<i>06-03</i>
<i>PHY-PC-PED/SUB</i>	<i>06-01</i>
<i>PHY-SPEC</i>	<i>06-02</i>
<i>PHY-SURG</i>	<i>06-02</i>

**TO: Medicaid Providers**

**SUBJECT: Pediatric Sub-Specialist Qualifications, Enrollment, and Reimbursement**

Effective for dates of service on or after February 1, 2006, the South Carolina Department of Health and Human Services (SCDHHS) will take full administrative responsibility of the Pediatric Sub-Specialists enhanced reimbursement program. Affiliation with the Children's Hospital Collaborative is no longer necessary if specialists meet the criteria described below. SCDHHS will reimburse certain Evaluation and Management codes at 120% of the 2005 Medicare fee schedule and 100% of Medicare for other covered Current Procedural Terminology (CPT) codes. As a reminder, providers are required to bill their usual and customary charges when filing Medicaid claims. Providers qualified to enroll should complete and return the attached enrollment form to DHHS.

All currently enrolled providers must update their attestation statement on or before April 1, 2006, to continue participation in the Pediatric Sub-Specialists enhanced reimbursement program. Please complete and return the attached form to DHHS.

Pediatric sub-specialist enhanced rates will only be available to a physician who:

- a. In his/her practice has at least 85% of their patients who are children 18 years or younger;
- b. Practices in the field of Adolescent Medicine, Cardiology, Cardiothoracic Surgery, Critical Care, Emergency Medicine, Endocrinology, Gastroenterology/Nutrition, Genetics, Hematology/Oncology, Infectious Disease, Nephrology, Neurology, Neurological Surgery, Ophthalmology, Orthopedic Surgery, Otolaryngology, Psychiatry, Pulmonology, Rheumatology, Surgery, Urology and such other pediatric sub-specialty areas as may be determined by the Department of Health and Human Services.

With dates of service on or after July 1, 2005, DHHS implemented a site of service differential pricing methodology utilized by Medicare. The pricing methodology is based on the place of service code. A lower reimbursement rate **may** be paid when the service is rendered in a facility as opposed to the physician's office. All codes do not have a facility rate. Procedure codes that do not have a facility rate will be paid at the regular non-facility rate. For those procedure codes that have a facility rate, the following place of service codes will be used to pay the facility rate:

- |                                  |                                                                    |
|----------------------------------|--------------------------------------------------------------------|
| 21 - Inpatient Hospital          | 42 - Ambulance – Air or Water                                      |
| 22 - Outpatient Hospital         | 51 - Inpatient Psychiatric Facility                                |
| 23 - Emergency Room - Hospital   | 52 - Psychiatric Facility – Partial Hospitalization                |
| 24 - Ambulatory Surgical Center  | 53 - Community Mental Health Center                                |
| 26 - Military Treatment Facility | 54 - Intermediate Care Facility/Mentally Retarded Treatment Center |
| 31 - Skilled Nursing Facility    | 56 - Psychiatric Residential                                       |
| 32 - Nursing Facility            | 61 - Comprehensive Inpatient Rehabilitation Facility               |
| 33 - Custodial Care Facility     | 65 - End Stage Renal Disease                                       |
| 34 - Hospice                     |                                                                    |
| 41 - Ambulance – Land            |                                                                    |

If you have any questions concerning this bulletin, please contact your Program Manager at (803) 898-2660. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/s/

Robert M. Kerr  
Director

RMK/bgw

Attachment

**NOTE: To receive Medicaid bulletins by email or to sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions:**  
**<http://www.dhhs.state.sc.us/dhhsnew/QLEbulletins.asp>**



**State of South Carolina**  
**Department of Health and Human Services**

Please return signed original certificate to:

**Mailing Address:**

**SC Dept. of Health and Human Services  
c/o Division of Physician Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206**

**Tel: (803) 898-2660  
Fax: (803) 255-8255**

**Section I: Demographic Information**

**Please Print:**

<b>Physician Name</b>	
<b>Pediatric Specialty:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>Email:</b>	

**Section II: Attestation Statement**

“Beginning February 1, 2006, the enhanced rate for pediatric physician sub-specialists shall only be available to a physician who: **A)** in his/her medical practice, has at least 85% of their patients who are children 18 years or younger and **B)** practices in the following sub-specialties; Adolescent Medicine, Cardiology, Cardiothoracic Surgery, Critical Care, Emergency Medicine, Endocrinology, Gastroenterology/Nutrition, Genetics, Hematology/Oncology, Infectious Disease, Nephrology, Neurology, Neurological Surgery, Ophthalmology, Orthopedic Surgery, Otolaryngology, Psychiatry, Pulmonology, Rheumatology, Surgery, Urology, and such other pediatric sub-specialty areas as may be determined by the Department of Health and Human Services.

I hereby certify that:

1. I am a physician member in good standing on the medical staff of a hospital.
2. I am qualified in and practice in the pediatric specialty noted in Section I above.
3. At least 85% of my total practice, including after-hours patients, is dedicated to children age 18 years and under.

I am providing this attestation certificate to the South Carolina Department of Health and Human Services with the request that I be included on the list of pediatric specialists eligible for enhanced reimbursement for selected services provided to children enrolled in the South Carolina Medicaid program. I hereby certify, under penalty of perjury, that the information provided in this certificate is correct as of the date of this certificate.

_____ Physician Signature	_____ S.C. Medicaid ID# (if enrolled)	_____ Date
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\_\_\_\_\_  
To be completed by DHHS:

\_\_\_\_\_  
Division Director's Signature/Date

\_\_\_\_\_  
Team Leader's Signature/Date